



## ***Washington Asthma Initiative***

*Improving the prevention, diagnosis, and management of asthma in Washington State*

# **Washington State Asthma Plan**

## ***Executive Summary***

**DRAFT - JULY 6, 2005**

**Asthma is one of the most common chronic diseases worldwide making it an important health issue.**

### **Asthma is associated with....**

missed school days, missed work days, disrupted sleep and symptoms that interfere with physical activity.

### **Most hospitalizations can be prevented...**

with proper medical care, routine monitoring of lung functions using a peak flow meter, adherence to medication and avoidance of asthma triggers.

### **Access to medical care and education policies...**

that support reduction of asthma triggers in public settings are important in reducing the burden of asthma.

### **Asthma is a complex chronic disease...**

requiring a long-term coordinated and multifaceted approach to improve the outcomes in all persons with asthma. This is only accomplished through attention to equity and the most efficient use of resources in ways that enhance people with asthma and community quality of life.



### ***In Washington State Asthma Has Increased Significantly ....***

400,000 Washington adults & 120,000 youth currently have asthma

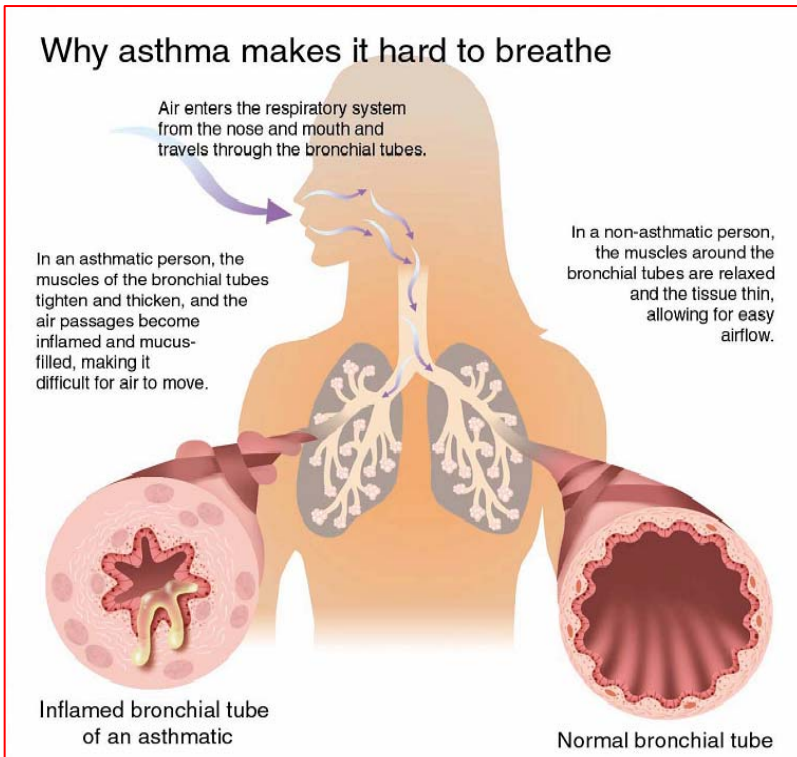
1 in 10 households with children have a child with asthma

Nearly 100 people die in Washington every year as a direct result of asthma

More than 5,000 people are hospitalized every year

Asthma costs more than \$400 million every year in medical expenditures and lost productivity

## Why asthma makes it hard to breathe



## Asthma Is...

Asthma is a chronic inflammatory disorder of the airways which is associated with airway hyperresponsiveness, airflow limitation and respiratory symptoms.

Asthma is a disorder with the following

characteristics, not all of which need be present to assign the diagnosis of asthma.

- Airway hyper-responsiveness to a variety of stimuli.
- Airway obstruction (or narrowing) that is reversible (but not completely so in some people with asthma) either spontaneously or with treatment.
- Airway inflammation.

## Development of the Washington State Asthma Plan

The Washington Asthma Initiative (WAI) has been a leader in forming recommendations and coordinating health care providers from varied backgrounds to work towards improving the prevention, diagnosis and management of asthma in Washington State. WAI is joined by the American Lung Association of Washington and the Washington State Department of Health and key stakeholders from around the state in the development of a statewide asthma plan.

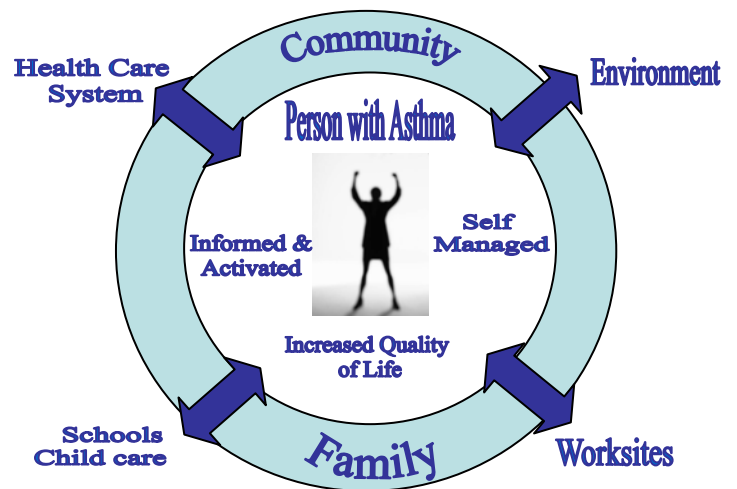
Seven workgroups were established to work on the State Asthma Plan:

1. Community-Based Activities
2. Data & Surveillance
3. Environmental & Occupational
4. Healthcare & Practitioner Support Group
5. Policy & Advocacy
6. Communication & Coordination
7. Asthma Plan Project Team (APPT)

The workgroups were charged with making recommendations on outcome-based strategies that:

- Empower the individual to have adequate control over his/her asthma
- Improve the care of people with asthma
- Limit potential asthma triggers in the environment
- Improve local and state infrastructure for prevention and treatment of asthma

# Asthma Plan Recommendations



## Community Based Activities

Asthma is an issue that deeply affects individuals, families, schools, child care providers, health care providers and the community.

***Goal CBA.1: Improve the understanding and management of asthma as both a personal and public health issue for persons with asthma and their families, policy makers, and the general public in Washington State.***

### Objectives

- ❖ By 2010, increase the understanding of asthma through asthma awareness and education in Washington State
- ❖ By 2010, 70% of the prioritized strategies of the Washington State Asthma Plan will have been implemented.
- ❖ Identify community asthma educational needs for childcare providers, elderly and underserved populations within Washington State
- ❖ Increase the number of community-based programs serving youth which report having asthma management and prevention policies.

## Asthma Health Care

The role of the health care practitioner is to work with persons with asthma to control their disease and prevent it from interfering with daily life. When an exacerbation of asthma occurs, disease management becomes urgent.

***Goal HC.1: All populations of people with asthma will have equity in access to and the quality of their asthma care***

### Objectives

- ❖ By September 30, 2010, Washington State will utilize public health and medical care approaches to reducing the burden of asthma through increased access to health care service delivery statewide.
- ❖ By September 30, 2010, assure that people with asthma in all areas of the state can receive care from health care practitioners with current expertise in managing asthma

**Goal HC.2: Asthma care services utilization will be tracked seamlessly across systems statewide and be available in a timely manner that promotes optimal patient care.**

#### Objective

- ❖ By September 30, 2010, a comprehensive surveillance and monitoring system will be in place to continuously assess asthma care in Washington State.

**Goal HC.3: Health care practitioners and health care delivery systems will receive support for providing high quality care that follows national and state guidelines.**

#### Objective

- ❖ By September 30, 2010, at least 80% of health care practitioners will deliver care that follows national and state guidelines.

**Goal HC.4: Continuously monitor changes in the field of asthma care and incorporate, e as appropriate.**

#### Asthma Action Plan

#### Objectives

- ❖ By September 30, 2006, develop a statewide communication system for new information and research about asthma care
- ❖ By September 30, 2010 explore the role of complementary and alternative medicine in asthma care on an ongoing basis

## Asthma and the Environmental

Environmental exposures play an important role in asthma management. The main factors responsible for causing asthma exacerbations and persistent symptoms are exposure to allergens, irritants, and viral respiratory infections.



**Goal EH.1: Assure a safe and healthier environment for persons with asthma in Washington State.**

#### Objectives

- ❖ Through 2010, assess prevalence of exposures to environmental asthma triggers
- ❖ Through 2007, conduct a targeted needs assessment to identify educational needs of the public on environmental asthma triggers
- ❖ Through 2010, increase awareness among the residents of Washington State about the significant impact of indoor and outdoor environmental factors on developing asthma and on persons who currently have asthma
- ❖ Through 2010, raise awareness among housing professionals of environmental triggers on asthma
- ❖ Through 2010, decrease exposures to indoor and outdoor (car, home, schools, child care, etc.) environmental asthma triggers for all residents, especially persons with asthma

## Asthma in Education Settings

Asthma, especially under-treated or untreated, can hinder a child's ability to attend, participate and learn in the school or in child care programs.

***Goal AES.1: Increase the number of 'asthma-friendly' schools in Washington State.***

### Objectives

- ❖ By 2010, increase from the number of schools reporting policies in place that implement emergency care plans for all identified students with asthma
- ❖ By 2007, expand asthma-related school-based data collection systems in Washington State
- ❖ By 2010, increase the number of schools that report utilizing an evidence-based school environmental assessment program



## Work-related Asthma



Work-related asthma is a significant and preventable public health problem and is considered a priority condition in the National Occupational Research Agenda by the Centers for Disease Control and Prevention.

***Goal WRA.1: Reduce work-related asthma in Washington State***

### Objectives

- ❖ Through 2009, increase awareness of asthmagens and asthma triggers in the workplace among physicians, employers, and employees
- ❖ Through 2009, decrease worker exposures to asthmagens and common asthma triggers in the workplace

## Data and Surveillance

The purpose of a surveillance system is to monitor trends in the disease and its management in order to prevent or better control it within the population. Asthma surveillance is a critical component of public health efforts to address asthma.

***Goal DS.1: Analyze public health surveillance data and describe asthma prevalence and impact within the Washington State population***

### Objective

- ❖ Through 2010, conduct descriptive epidemiologic analyses to characterize the distributions of asthma prevalence, morbidity, and mortality in Washington State

***Goal DS.2: Support planning and evaluation of goals and objectives within the Washington State Asthma Plan***

### Objectives

- ❖ By June 30, 2006, develop a data collection plan that reflects the priorities within the State Asthma Plan and provides data at timely intervals for objective development or objective evaluation





- ❖ Through 2010, identify existing resources, opportunities and models that may fill data gaps identified by data and surveillance stakeholders in the State Plan process

***Goal DS.3: Provide data to our stakeholders on a routine basis, in easily accessible and understandable formats, to support communication about the importance of addressing asthma as a priority in public health***

#### Objectives

- ❖ Through 2010, disseminate (up to 4 times per year) new data findings through short reports in a newsletter
- ❖ By December 31, 2009, disseminate an updated “Washington State Asthma Burden Report”
- ❖ Through 2010, continue to meet with asthma stakeholders to identify key questions and priorities to include when planning data collection and analyses

## Asthma Disparities

Although asthma affects Americans of all ages, races, and ethnic groups, low-income and minority populations experience substantially higher rates of fatalities, hospital admissions, and emergency department visits due to asthma.

***Goal AD.1: Reduce health disparities related to asthma in Washington State***

#### Objectives

- ❖ Through 2010, minimize communication barriers due to language and cultural differences through translation of education materials into a variety of languages
- ❖ Through 2010, increase the knowledge of the Washington Asthma Initiative of the needs of health disparate communities.
- ❖ Increase data sources which capture race/ethnic data in Washington State

## Policy

Asthma is a national problem with requires multidimensional policy actions within and among several private and public agencies at the local, national and federal level.

***Goal PA.1: Advocate and support policies that improve asthma care and decrease health disparities in Washington State***

#### Objectives

- ❖ Through 2010, support smoke-free policies in Washington State
- ❖ Through 2010, promote requirements for construction of public buildings (including school buildings and state and local offices) that promote clean indoor air and prevent “sick buildings”
- ❖ Through 2010, support policies that promote clean outdoor air in Washington State
- ❖ Through 2010, increase the number of school-based asthma policies and/or asthma-related policies
- ❖ Through 2010, support local asthma coalitions in policy advocacy in their communities

Partnering to  
Address Asthma



***Reducing asthma at the individual and societal level requires the interest and assistance of all people, not just those affected with asthma and their families or health care providers.***

To get involved in addressing asthma or obtain more information: go to the WAI website,

[www.alaw.org/asthma/washington\\_asthma\\_initiative](http://www.alaw.org/asthma/washington_asthma_initiative)